Inshore Support Limited

Inshore Support Limited - 5 Trinity Street

Inspection report

5 Trinity Street
Cradley Heath
West Midlands
B64 6HT

Tel: 01384823048
Website: www.inshoresupportltd.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 11 April 2018 and was unannounced. The service was last inspection in November 2015 and was rated as 'Good' in all questions asked.

5 Trinity Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 5 Trinity Street accommodates three people in one adapted building.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. We saw that the service conformed to these standards.

There was a registered manager, but they were not present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by a group of staff who had received training in how to recognise signs of abuse. Staff were aware of the risks to people and what actions they should take if they suspected a person was a risk of harm. Where safeguarding concerns arose, they were responded to appropriately. Behaviour management plans in place provided staff with information on how to support people safely and in line with their specific needs.

People were supported by sufficient numbers of staff who benefitted from an induction and training which would provide them with the skills to care for people effectively and safely. People received their medicines as prescribed by their GP but medication audits had failed to identify some medication records were inconsistently recorded.

Systems were in place to protect people from the spread of infection. Accidents and incidents were reported, investigated and recorded and where appropriate individual lessons were learnt and practice changed.

Staff were provided with the information required to support people's care, health and social well-being. People were supported to visit their GP and other healthcare professionals in order to maintain good health. People were encouraged to make choices regarding their daily living, including planning and preparing their meals.

Staff routinely obtained people's consent prior to offering support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received support from staff who treated them with dignity and respect. Staff were described as kind and caring and supported people to maintain their independence. People were provided with information in a format they understood.

People were routinely involved in the planning of their care and supported to take part in activities they enjoyed.

Where complaints were raised, they were investigated and responded to appropriately. People were confident that if they did raise concerns they would be listened to and action would be taken.

People spoke positively of the new staff who had been bought into the service and the management team who were supporting them. Staff felt supported in their role and were equipped with the information required to meet people's needs.

Systems were in place to provide people with the opportunity to give feedback on the service. A variety of audits were in place to assess the quality of the service provided, but not all audits had identified the concerns raised during the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who were aware of the risks to them and were aware of their responsibilities to safeguard people from abuse. People were supported by sufficient numbers of staff. People were supported to take their medicines as prescribed by their GP.

Is the service effective?

Good

The service was effective.

Pre-assessment processes provided staff with the information required to meet people's needs. Staff were provided with an induction and training to equip them with the skills required to meet people's needs. People were supported to maintain a healthy diet and good health. Staff routinely obtained people's consent prior to offering support.

Is the service caring?

Good

The service was caring.

People described staff as kind and caring. Staff treated people with dignity and respected and supported them to maintain their independence. People were supported to make their own decisions regarding their daily living.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning of their care and were supported to take part in activities that were of interest to them. Where complaints had been received, they were investigated and responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Audits in place had failed to identify a number of areas that had been highlighted during the inspection. Staff felt supported in their role and able to approach management with any concerns they may have. Management responded appropriately to concerns raised.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notification of an allegation of abuse. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of restraint at the service and this inspection examined those risks.

This inspection took place on 11 April 2018 and was unannounced and was carried out by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback.

We spoke with the quality manager, a director and three members of care staff. We also spoke with all three people living at the service and following the inspection spoke with one relative and a healthcare professional over the telephone.

We reviewed a range of documents and records including the care records of two people using the service, three medication administration records, two staff files, training records, accidents and incidents, complaints systems, minutes of meetings, activity records, surveys and audits.

Good

Is the service safe?

Our findings

At our last inspection in November 2015, the provider was rated 'Good' in the question 'is the service Safe?' Following this inspection the rating has remained as 'Good' based on our inspection findings.

Prior to the inspection we were made aware of anonymous concerns of verbal abuse and the inappropriate use of restraint. This information had been passed onto the local authority safeguarding team and the police. In response to the concerns raised, the provider had followed their own disciplinary processes and replaced the remaining staff working in the home with a new group of staff, whilst the investigation into the concerns took place. We saw that efforts were made, where possible, to ensure people were being supported by a group of staff who were familiar to them in order to provide continuity of care. The investigation was on-going at the time of the inspection.

People told us they felt safe in the company of the new staff who were supporting them. A relative told us, "I do feel quite comfortable with staff that are there are the moment, there's a different atmosphere, it's noticeable and I was comfortable there". We noted that people appeared comfortable in the company of the staff who were supporting them and were happy to approach them for any help or support they may need. We saw that staff had received training in how to safeguard people from abuse and were aware of their responsibilities to report any concerns. One member of staff told us that if they saw or heard something untoward they would, "Phone management, whoever is on call, if I couldn't get hold of them, I would go above and above" [contact the Local Authority and CQC].

We saw each person had their own behaviour management plan and any incidents of behaviour that challenged were recorded and reviewed to ensure people were supported in line with their plan. Staff had received training in how to support people who may present behaviours that challenge and were able to describe a number of situations and potential actions they may take. One member of staff told us, "[Person] may need to be restrained at times, but we would rather redirect them". We observed that what staff told us regarding this, was reflected in people's care records, ensuring staff responded to situations consistently and in line with people's risk assessments.

People were supported by staff who were aware of the risks to them. For example, we saw one person had suffered a seizure which required particular intervention of trained staff. Staff on duty were fully aware of what actions to take and told us they had been made aware of how to respond to these incidents as soon as they came on shift. We saw how staff responded was in line with the person's risk assessments. Other staff who were new to the service, were aware of the actions to take and confirmed they had been booked on training the following week with regard to this. We noted this incident was reported and recorded appropriately. We spoke with the person who experienced the seizure. They told us what had happened and added that they felt safe as staff knew what to do [to support them]. We saw the incident had been recorded appropriately and all staff were aware of what had happened. We observed throughout the inspection all staff spoke to the person about the incident, asked how they were and offered words of reassurance.

People told us there were enough staff to support them to meet their needs. Staff spoken with confirmed

this, one member of staff said, "We have the right amount of staff" and went on to explain the additional staff that were in place to support a person when they went out into the community. We looked at the personnel files of two members of staff. We saw that references had been obtained and the appropriate DBS [Disclosure and Barring Check] had taken place prior to people commencing in post. However, we noted for one person, their DBS had disclosed a number of convictions. There was a letter on file from the person providing details against the convictions, but no risk assessment in place to address the areas raised. We discussed this with the quality manager who confirmed they would look into this immediately and ensure a risk assessment was put in place.

People told us they had their medicines on time. One person said, "I've had my medicines" and another said, "I have my tablets, if I'm not well I tell staff". We looked at the medication administration records [MAR] of all three people living at the service. We observed staff administering medication safely. Although some issues in the recording of medications were found, staff displayed a good knowledge of how and when medication should be given safely

We observed people were protected from the spread of infection and staff wore gloves and aprons when supporting people to prepare their food. Staff advised that PPE was available for them to use and we observed the home to be clean and odour free.

We saw there were accidents and incidents occurred, individual learning took place and lessons were learnt. For example, we saw that systems had been put in place for staff to record any potential bruising people may suffer from as a result of an accident or incident. The quality manager told us, "Sometimes a bruise may not come out for a couple of days and you may not know how it happened. If you record this detail at the time of an event and a bruise is later visible, you can track back through a person's notes to see if there were any accidents or incidents". We were told there were systems in place to analyse this information on a monthly basis for any trends, but the information was not available during inspection. However, a healthcare professional spoken with confirmed they had seen evidence of this with regard to one individual and the provider forwarded copies of the paperwork used following the inspection.

Good

Is the service effective?

Our findings

At our last inspection in November 2015, the provider was rated 'Good' in the question 'is the service Effective?' Following this inspection the rating has remained as 'Good' based on our inspection findings.

We found that people's needs had been assessed prior to moving into the home. We saw people's care records and noted that initial assessments gathered information regarding peoples' personal care needs, including their medical history, dietary requirements, family history and personal preferences, such as whether they wished to be supported by male or female carers and if they had any religious or cultural needs. Although the staff group were new, those spoken with were aware of these preferences.

Staff who worked for the service told us their induction had provided them with the information they needed to meet people's needs effectively. An agency worker at the service told us, "As soon as I arrived, they made sure I knew where everything was, all the policies and procedures, fire procedures, paperwork and gave me the information I needed about the people here; - I have no complaints". People were supported by staff who considered themselves to be well trained. The provider told us in their Provider Information Return [PIR] that they intended to continue to monitor quality by providing staff with the training and support they required to meet people's specific needs. Staff told us they felt supported in their role, and were provided with the training they required to meet people's needs. There was a training matrix in place to provide management with an overview of training requirements. We saw that staff also received specialist training in areas such as epilepsy and autism.

We saw there were systems in place to share information both within the service through handover meetings and with other stakeholders. A healthcare professional told us they had previously struggled to obtain certain information they had requested regarding a person living at the service. However, they had recently spoken to one of the directors' of the service who had ensured they had been provided with the information they required.

We saw that people had access to two separate lounges and a kitchen area, as well as their own rooms which were decorated to reflect their own tastes. The provider told us in their Provider Information Return [PIR] there were plans in place for the house to be refurbished which were currently being looked at. The quality manager confirmed that this was something the registered manager was leading on and this work was in progress.

We observed people were supported to receive a healthy diet. We observed some people were able to make their own drinks as and when they wished and others were provided with drinks at their request. One person asked for a particular flavoured drink but couldn't remember the name of it. Staff waited patiently for the person to find the words to describe what they wanted and then provided them with the correct drink, which the person was pleased about. People told us they liked the food and were able to choose what they ate at mealtimes. We observed staff encouraging people to eat and offering them snacks. One person told us, "I like fish and chips, [staff member's name] went out and got them for us all". Another person asked, "When can I have my lunch?" and staff member replied, "Anytime you want" and supported the person to

make their lunch.

People were supported to maintain good health. We saw people had access to a variety of healthcare professionals to meet their healthcare needs such as behaviour management nurse, community nurse, epilepsy nurse, social worker, doctor and dentist. Care records detailed people's appointments and reviews and appointments with professionals were clearly documented in people's files. We saw one person had lost weight and had been referred to the dietician. We saw advice was taken and followed. When additional weight loss occurred, staff took the person to their GP as advised by the dietician. We saw at follow up appointments it was noted the person had put on weight and were discharged from the hospital. The person told us they were relieved at this news and staff celebrated this with them

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us staff obtained their consent prior to supporting them and we observed many examples of this. We saw where DoLS authorisations had been received, systems were in place to ensure new applications were made (where appropriate) to reapply for authorisations prior the expiry date. However, there was a lack of consistent evidence in people's files to demonstrate that capacity assessments had taken place which would record the decisions they were able to make. Also, despite being told by a healthcare professional that a best interests meeting had taken place in respect of an individual, there was no evidence available on the person's file to reflect this. We saw that a listening device was placed in a person's room in their best interests to alert staff in case a person suffered a seizure. However, there was no evidence of this being recorded. The quality manager told us they would look into this.

Good

Is the service caring?

Our findings

At our last inspection in November 2015, the provider was rated 'Good' in the question 'is the service Caring?' Following this inspection the rating has remained as 'Good' based on our inspection findings.

People told us staff were kind and caring and that staff looked after them. People told us, "Staff are nice [staff's name] is nice and they're taking me on holiday soon", "I'm making friends with [new staff member's name] – if you want anything he'll do it" adding, "[Staff member's name] is a nice man. All staff are very nice" and, "[Staff member's name] is very nice to me". We saw people had lived at the service for a number of years and were concerned for each other's wellbeing. One person told us, "[Person] is poorly and I look after them". We observed staff chat pleasantly with people, ask how they were and compliment them on activities they were taking part in. One person was enjoying a game of darts with staff and had a laugh and a joke with them as to who had the best score.

People told us they were involved in making decisions about their daily lives and we saw evidence of this. A member of staff told us, "[Person] can make decisions on what time they get up, go to bed, what they want to drink, if they want to go the shop or not; if they want a bath; everything to do with their daily routine, as it should be".

All people spoken with were able to communicate verbally and make themselves understood to staff. Where people needed more time to express themselves, staff were mindful of this and gave people the time to complete their own sentences, without interrupting or finishing their sentences for them.

We saw that people were treated with dignity and respect. One person told us, "No one comes in when you're on the loo". People were able to carry out much of their own personal care and told us their privacy was important to them. Staff respected this but were mindful when people were bathing to stay close by in case they needed assistance. One member of staff told us, "I've been in the bedroom with [person's name] to help them remove their dirty clothes, but I always ask if it's ok first or if they want me to leave them to their privacy".

People were supported to maintain their independence, for example, one person told us, "I do my cooking myself and go shopping sometimes" and another person said, "I love cooking and [staff member's name] is alright, they help me to do some cooking with [service user's name]". They went on to tell us they cleaned their own bedroom and did their own vaccuuming and polishing and we observed this. We observed a member of staff support someone to do their washing. They spoke kindly to the person and explained about 'separating loads, so that the colours don't run'.

For those people who required the support of an advocate, arrangements would be made to access these services. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Good

Is the service responsive?

Our findings

At our last inspection in November 2015, the provider was rated 'Good' in the question 'is the service Responsive?' Following this inspection the rating has remained as 'Good' based on our inspection findings.

People told us they were involved in the planning of their care and we saw evidence of this. One person showed us their care plan and told us, "It's my PCP [personal care plan] and I was involved in it". We saw care records were reviewed on a monthly basis and detailed people's daily routines and their short and long term goals. New staff spoken with were aware of these routines and what they told us was reflected in people's care records.

We saw people's care records were comprehensive, held information regarding people's likes, dislikes and preferences, history and what was important to them, but were difficult to navigate. Staff spoken to had been bought in to cover the existing staff group and had not worked at the service long. However, despite this, all staff spoken with had good knowledge of the people they supported, what was important to them, their preferred routine, their healthcare needs and the risks to them. One member of staff told us they had been provided with all the information they needed as soon as they arrived at the service and that they picked up other information from other staff or from people themselves. They went on to describe how they were aware that one person may become upset when other people at the service had visitors. They told us, "As soon as [person's name] visitor arrived, I took [person] to the other lounge and said, 'come on, let's have a game of cards', I made a fuss of them and they were ok". This meant that despite being at the service a short time, staff were equipped with the information they needed to respond to people's care needs.

People were supported to take part in a variety of activities they enjoyed both in and outside the home. One person enjoyed colouring and playing cards, another enjoyed a game of darts with staff. One person described an outing to the cinema. They told us, "We went the pictures and had a cup of tea. We sat together, it was a musical, it was lovely". Another person showed us pictures of activities they enjoyed doing including horse riding and swimming. A relative told us they had previously raised concerns that their loved one had not been able to access the community as much as they would wish. They told us, "There's a whole new raft of staff now and [person] has been going out a lot more".

People told us if they were worried about anything, they would go to staff and were sure it would be dealt with. There was a complaints procedure on display in the home in a pictorial format, making it easy for people to understand. One person said, "I would go to [quality manager's name]. She would do everything to put it right". We saw one complaint had been received in the last 12 months which had been investigated and responded to appropriately.

There was no one currently at the service who was receiving end of life care. Paperwork was in place to record, where possible, conversations regarding people's wishes with respect to end of life care.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in November 2015, the provider was rated 'Good' in the question 'is the service Well Led?' Following this inspection we have changed the rating to 'Requires Improvement' based on our inspection findings.

We saw there were a variety of audits in place to monitor the quality of the service provided. We saw staff from the provider's quality team visited the service on a monthly basis to conduct an audit of the premises and equipment and areas such as fire safety, first aid, recording of challenging behaviour incidents and medication. However, we found that some of the areas of concern identified on inspection had not been picked up by the provider's audits. For example, the medication audits had failed to identify that carry forward amounts were not consistently recorded which meant it was difficult to audit the amount of medication in stock. Medication identified as controlled drugs had not been consistently recorded [for example, the administration of a controlled drug was signed for on the MAR chart but the entry in the controlled drugs book had not been completed]. We also noted that one medication that had been stored had recently become out of date and medication audits seen had not highlighted the issues identified. We saw audits were also in place on a quarterly basis to check people's person centred care plans and ensure information held on each person was up to date. However, these audits did not identify that best interests meetings were not routinely recorded and capacity assessments were missing. Where audits had identified areas for improvement, and action plan was put in place; for example to ensure a notification had been sent to the Commission following a burst water pipe at the service.

We saw information collected regarding people's behaviour that may challenge was analysed once a year. We discussed this with the quality manager and the use of such information being used to identify trends on a more regular basis. We noted in one person's records their appeared to be an increase in a number of behaviours during a particular month. This information had been noted but not analysed which meant an opportunity to try and establish why this was happening had been missed. The quality manager agreed that this information should be reviewed monthly as it was collected and would look into this.

We saw there was a service user guide in place in a pictorial format. This provided people with a variety of information about their home, their rights and who to complain to. However, there was no information regarding safeguarding and keeping people safe. We raised this with the quality manager, they told us, this had been identified as an issue and the guide was in the process of being re-written. We saw care plans were not easy to navigate and the quality manager acknowledged that they required updating and had identified areas for improvement.

We saw following recent whistleblowing concerns, the provider had responded appropriately to the concerns raised. This had resulted in disciplinary procedures being followed and a number of staff had been suspended from duty whilst the investigation was ongoing. The quality manager told us a decision was made to remove all other staff from the service to support other locations and bring in a new team of staff to support the people living at the service. They told us, "We are trying to get a core group of staff in place. It's very hard but we are trying". A relative said, "Give them their due, they are trying to get staff in who know

people. I feel quite comfortable with the staff who are there at the moment". We saw the quality manager, who had worked for the provider for a number of years and was well known to the people living at the service, was a familiar face and a regular visitor to the home. A member of staff who was completely new to the service told us, "I have felt very supported on whatever shift I've done" and another said, "It's quite a difficult situation to walk into, but for the minimum amount of time I've been here I've been quite comfortable around people and staff and I do feel there is a bond".

We asked the quality manager what plans were in place to oversee the service and ensure care plan reviews and key worker meetings continued to take place in the absence of the main staff group. They told us they would continue to visit the service on a regular basis to provide guidance and support and regular audits would continue to take place.

People were supported by a group of staff who told us they felt supported, one said, "I can't fault Inshore or the training I've been given. If you have a problem or an issue they will sort it. If I don't like something I'm quite open about it and have a good working relationship. I really enjoy the job". Staff felt well informed and were aware of their roles and responsibilities.

We saw efforts were made to engage people living at the service and their relatives with the running of the service. People had meetings with their key worker which provided them with the opportunity to discuss any issues or concerns they may have. Service user questionnaires were sent out on an annual basis, in a pictorial format. We saw three completed questionnaires. All responses received were positive and had been signed by the person completing the form. One person had commented, in response to the question, 'what does the service do well?' with 'make us better cooks'. Another person had raised they thought the service could do with 're-decoration'. We raised this with the quality manager who advised they were aware of refurbishment plans for the service which the registered manager had been involved in, but were unsure of the timeframe for this. A relative told us, "They send me a survey every six months to ask how they are doing".

We noted that members of the quality team carried out audits of people's individual care plans. These audits included brief conversation exchanges with the people living at the service. Service user meetings were in place with an overall view of reviewing people's care needs, setting small goals and ensuring any medical appointments were placed in the diary and followed up. We saw for one person the audit had identified a risk assessment for a medical condition required updating and this was completed.

Staff were aware of the whistleblowing policy and told us they were confident that if they raised any concerns they would be listened to. One member of staff said, "Aware of it? Most definitely, I've used it in the past". Whistleblowing procedures protect staff members who report colleagues they believe are doing something wrong or illegal, or who are neglecting their duties.

The provider had notified us about events that they were required to by law and had on display the previous Care Quality Commission rating of the service.